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| Emerson, Tho 777 W. Market Akron, OH 443 | | LLC | I he State addr trans | Cer reby certify that th es Postal Service w ressed to the Mail smitted to the USP | tificate of is Fee(s) with suffice Stop ISTO (571) | of Mailing or Transm Transmittal is being of cient postage for first SSUE FEE address a 273-2885, on the dat | ission deposited with the United class mail in an envelope bove, or being facsimile e indicated below. |
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| | | | | of the c | MXA | <u>non</u> 2008 | (Signature) |
| APPLICATION NO. | FILING DATE | | FIRST NAMED INVENTOR | Z. TO DCT | ATTORN | | CONFIRMATION NO. |
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| 10/067,181 02/04/2002 FITLE OF INVENTION: METHOD OF MEDICAL MALPRACTICE A | | David A. Martin | | | | 4891 | |
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| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE | FEE | TOTAL FEE(S) DUE | DATE DUE |
| nonprovisional | YES | \$755 | \$300 | \$0 | | \$1055 | 01/08/2009 |
| EXAMINER | | ART UNIT | CLASS-SUBCLASS | | | | |
| RINES, ROBERT D 3686 | | | 705-004000 | | | | |
| Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. | | | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a | | | | |
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| B. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) | | | | | | | |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. | | | | | | | |
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| Sinclair Allison, Inc. Solon, OH | | | | | | | |
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| Authorized Signature Date OCTOBER 24, 2008 | | | | | | | |
| Typed or printed name | Daniel 7 | A. Thomso | Dr1 | Registration No | - 1 | 3, 189 | |

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